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1 2 3 4 5 6 7 8		FILED - STATE OF CALIFORNIA Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board Sacramento, California on September 28, 2010 By Gynthia Alamida RE THE
10	SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD	
11	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA	
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13	In the Matter of the Accusation Against:	Case No. 1I-2007-34
14 15	DENNIS MARTIN NAPOLI, SLP 4012 Winterhaven Street Yorba Linda, CA 92886	ACCUSATION
16	Speech Language Pathologist License	
17	No. SP 3340,	
18	Respondent.	
19	Complainant alleges:	
20	PARTIES	
21	1. Annemarie Del Mugnaio (Complainant) brings this Accusation solely in	
22	her official capacity as the Executive Officer of the Speech-Language Pathology & Audiology &	
23	Hearing Aid Dispensers Board, Department of Consumer Affairs.	
24	 On or about August 20, 1978, the Speech-Language Pathology & 	
25	Audiology & Hearing Aid Dispensers Board (Board) issued Speech Language Pathologist	
26	License Number SP 3340 to Dennis Martin Napoli, SLP (Respondent). The Speech Language	
27	Pathologist License was in full force and effect at all times relevant to the charges brought herein	
28	and will expire on October 31, 2011, unless renewed.	

JURISDICTION

 This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

- Section 2531.5 of the Code provides that the Board shall issue, suspend, and revoke licenses and approvals to practice speech-language pathology and audiology as authorized by Chapter 5.3 of the Code.
 - 5. Section 2533 of the Code states, in pertinent part:

"The board may refuse to issue, or issue subject to terms and conditions, a license on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license of any licensee if he or she has been guilty of unprofessional conduct. Unprofessional conduct shall include, but shall not be limited to, the following:

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- "(f) Incompetence or gross negligence in the practice of speech-language pathology or audiology.
- (g) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public."
- California Code of Regulations, Title 16, section 1399.156, states, in pertinent part:

"Unprofessional conduct as set forth in Section 2533 of the code includes, but is not limited to the following:

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"(c) Incompetence or negligence in the practice of speech-language pathology or audiology which has endangered or is likely to endanger the health, welfare, or safety of the public."

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COST RECOVERY

- Section 125.3 of the Code provides, in pertinent part:
- "(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department . . ., the board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.
- "(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.
- "(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.
- "(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge where the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).
- "(e) Where an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licentiate to pay costs.

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- "(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.
- "(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licentiate who has failed to pay all of the costs ordered under this section.
- "(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licentiate who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.
- "(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.
- "(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.
- "(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 8. Respondent is subject to disciplinary action under section 2533, as defined by section 2533, subdivision (f), of the Code, in that he has committed gross negligence or has demonstrated incompetence in the practice of speech language pathology or audiology, as more particularly alleged hereinafter:
 - (a) Patient D.R. was a 7-year-old boy at the time his mother sent him to The Drake Institute for assistance with academic and behavioral problems at school.

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 Professionals at The Drake Institute diagnosed patient D.R. with Attention

Deficit/Hyperactivity Disorder (AD/HD), and rule out diagnoses of depression, academic problems, and primary support problems. The Drake Institute further referred Patient D.R. to respondent for a speech and language assessment.

- (b) On or about October 30, 2006, respondent performed a speech and language evaluation of patient D.R. Respondent stated in an assessment report dated November 5, 2006, that "[t]he purpose of this comprehensive evaluation was to establish levels of functioning in the areas of receptive and expressive language, semantics, auditory processing, articulatory proficiency, voice and fluency." (Underlining in original). This evaluation consisted of the Lindamood Auditory Conceptualization Test (LAC), the Clinical Evaluation of Language Fundamentals, Fourth Edition (CELF-4), and a spontaneous speech sample. The mother was present during the testing, and respondent's report states that "it was emphasized that this testing procedure was comprehensive in nature." (Underlining in original).
- (c) Respondent administered the LAC, a test which measures an individual's ability to perceive and conceptualize speech sounds. According to respondent, patient D.R. "achieved a converted score of 93 which showed auditory perceptual abilities to be at the first semester of the sixth grade." Respondent did not describe any of the subtests of the LAC, nor did he report the individual subtest scores. Respondent noted in the "Summary and Discussion" portion of his report that "The results of the LAC test were well above grade level. This would reflect reading and spelling abilities. In this patient's case, the results were probably more reflective of his spelling abilities."

It is unclear how a standard score of 93, as normed for a 7-year-old second grader examinee, was converted to a sixth grade level, as a standard score of 93 falls below the mean score of 100.

- (d) Respondent reported the following scores from the CELF-4: Receptive
 Language: standard score of 69 (2nd percentile); Expressive Language: standard score of
 96 (39th percentile); Language Content: standard score of 62 (1st percentile); Language
 Structure: standard score of 95 (37th percentile); and Core Language: standard score of 84
 (14th percentile). The Word Classes Expressive Score and the Understanding Spoken
 Paragraphs Score from the CELF-4 were not included in respondent's evaluation report.
 Respondent's report includes no description of any of the subtests of the CELF-4.
- (e) Respondent diagnosed patient D.R. with a "Severe Auditory Processing Disorder" and he "strongly recommended" the Fast Forward Language Program.

 Respondent's assessment report stated that "The Drake Institute continues to average between two and a half years to three years improvement in conjunction with neurofeedback. The success rate has been a little better than 88%."
- (f) In a separate, undated letter to patient D.R.'s mother, respondent stated that "[t]he results of that testing clearly showed a processing disorder in the fact that there was a 27 point discrepancy between receptive and expressive language in favor of expressive language." (Original in all capitals). Respondent further stated that the low receptive language score (2nd percentile) "was due primarily to [D.R.'s] low vocabulary development and poor understanding of basic concepts and his inability to follow multiple directions." (Original in all capitals). Respondent further stated that his diagnosis of a processing deficit was confirmed by a 33-point discrepancy between the Language Content and Language Structure subtests of the CELF-4.
- (g) Respondent stated in the undated letter that he did not refer patient D.R. to an audiologist because D.R.'s mother indicated that patient D.R. did not have a history of otitis media, tinnitus (ringing in the ears), or vertigo (dizziness), the mother reported that developmental milestones, including speech and language developmental milestones were unremarkable, patient D.R.'s articulatory performance and intelligibility of spontaneous speech were unremarkable, the LAC testing was within normal limits.

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- (h) Respondent further stated in his undated letter, "In closing, my role at The Drake Institute is to identify through the use of the medical director's input, the program coordinator's input, parental intake, patient intake, administration of diagnostic tests that have the highest test-retest reliability and validity to recommend when appropriate the FastForward Program..." (Original in all capitals, underlining in original).
- (i) Respondent's report did not include any reference to patient D.R.'s diagnosis of AD/HD, any prior hearing testing, any academic testing, any school grades, whether patient D.R. had ever been assessed for special education eligibility, or a review of any hearing/audiology testing or screenings performed on patient D.R.
- (j) Respondent committed gross negligence or demonstrated incompetence in the practice of speech language pathology or audiology, which included, but was not limited to, the following:
 - Respondent diagnosed patient D.R. with a severe auditory processing disorder without adequate information to make the diagnosis;
 - (2) Respondent diagnosed patient D.R. with a severe auditory processing disorder without first attempting to rule out other possible diagnoses, including, but not limited to, the patient's prior diagnosis of AD/HD, and possible hearing loss, that could have contributed or caused patient D.R.'s receptive language deficits as measured by the CELF-4;
 - (3) Respondent failed to perform an audiology assessment, attempt to obtain prior audiology testing, or to refer patient D.R. to an audiologist for testing, prior to concluding that the patient had a severe auditory processing deficit;
 - (4) Respondent performed an inadequate history of the patient D.R.;
 - (5) Respondent failed to administer all of the regular subtests of the CELF-4, and did not report any of the subtest scores from the LAC;
 - (6) Respondent failed to cross-validate areas of weakness identified on the CELF-4 with other testing;

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- (7) Respondent recommended the FastForward program for treatment of an auditory processing disorder without performing any assessment to determine whether patient D.R.'s symptoms of weak receptive language skills were the result of a processing disorder;
- (8) Respondent made recommendations and conclusions regarding patient D.R.'s reading and spelling skills, without performing any reading or academic assessment, and without reviewing any test data measuring his reading or academic performance;
- (9) Respondent recommended that it was "imperative" that the patient D.R. follow the "Medical Director's prescribed intervention" and the "Program Coordinator's prescribed intervention" without stating what those interventions were, and without having reviewed the reports from The Drake Institute or any other professional to know what interventions he was recommending as imperative to follow;
- (10) Respondent failed to recommend that patient D.R.'s parent request that patient D.R. be assessed for eligibility for special education or for a Section 504. Accommodation Plan at patient D.R.'s public school; and
- (11) Respondent made a diagnosis of a severe auditory processing deficit based on patient D.R.'s performance on the CELF-4, which is not a test of auditory processing.

SECOND CAUSE FOR DISCIPLINE

(Other Acts Likely to Endanger the Health, Welfare, or Safety of the Public)

16. Respondent is further subject to disciplinary action under section 2533, as defined by section 2533, subdivision (g), of the Code, in that he committed other acts that have endangered, or was likely to endanger, the health, welfare, or safety of the public, as more particularly alleged hereinafter:

² These individuals are presumably employees of The Drake Institute.